



# ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

## For Official Use Only

Postmark Date: \_\_\_\_\_

Project ID#: \_\_\_\_\_

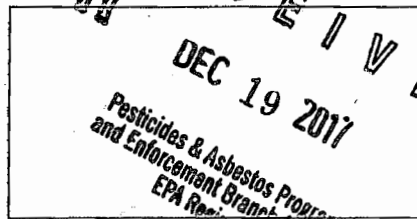
Permit #: \_\_\_\_\_

Other #: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date Received 1

Date Received 2



NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1.	TYPE OF NOTIFICATION (check one):	<input type="checkbox"/> Initial	<input checked="" type="checkbox"/> Annual Notification
	<input type="checkbox"/> Revision (highlight here, and changes)	<input type="checkbox"/> Phase of Annual Notification	
	<input type="checkbox"/> Postponement	<input type="checkbox"/> Cancellation	
	Date of Initial Notification or, if previously revised, date of last revision: <u>12/14/17</u>		
2.	PROJECT LOCATION (check one):		
	<input type="checkbox"/> Allegheny County <input type="checkbox"/> City of Philadelphia <input type="checkbox"/> Other Location in PA (specify county): <u>Centre</u>		
3.	For Allegheny County and City of Philadelphia projects only:		
	A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)		
	B. For City of Philadelphia projects requiring a permit:		
	Asbestos project inspector: _____ Certification #: _____		
	Company name: _____		
	Address: _____		
	City: _____ State: _____ Zip: _____ Phone: _____		
4.	WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)		
5.	TYPE OF OPERATION (check one):		
	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input checked="" type="checkbox"/> Abatement prior to Demolition
			<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Emergency Renovation
6.	FACILITY DESCRIPTION: Job No.: _____ (see instructions)		
	Facility Name: <u>The Pennsylvania State University - Various Buildings and Facilities</u>		
	Street/Rural Address: <u>Various locations throughout University Park campus</u>		
	City: <u>University Park</u> State: <u>PA</u> Zip Code: <u>16802</u>		
	Present use: <u>Offices, Labs, Classrooms, etc.</u> Prior use: <u>Same</u>		
	Will the facility be occupied during the abatement activity? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Depends on project scope and configuration.)		
	Facility size in square feet: <u>Various</u> # of floors: <u>Various</u> Age in years: <u>Various</u>		
7.	ABATEMENT CONTRACTOR:		
	Company name: <u>Depends on project, bid results, costs, etc. or conducted by In-House Crews</u>		
	Allegheny County or City of Philadelphia License # (if applicable): _____		
	Street/Rural/POB Address: _____		
	City: _____ State: _____ Zip: _____		
	Contact: _____ Telephone No. (between 8:00 & 4:30): _____		

## 8. DEMOLITION CONTRACTOR:

Company name: Depends on project, bid results, costs, etc. or conducted by In-House Crews

Street/Rural/POB Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone No. (between 8:00 &amp; 4:30): \_\_\_\_\_

## 9. FACILITY OWNER:

Owner name: The Pennsylvania State University - EHS DeptStreet/Rural/POB Address: 6 Eisenhower Parking DeckCity: University ParkState: PAZip: 16802Contact: Michael J. Burke (PSU EHS Department)Telephone No. (between 8:00 & 4:30): 814-865-6391

## 10. FACILITY INSPECTION (required for renovation and demolition projects):

Building inspector: Michael J. Burke, OPP Asbestos Inspectors or Consultants Certification # 001970, others TBDDate of inspection: Continuous ACM Management Program Is any material assumed to be asbestos? ☒ Yes ☐ No

Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

Visual Inspections, PLM or TEM bulk sample analysis☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

## 11. IS ANY TYPE OF ASBESTOS PRESENT

☐ Yes☐ No

If Yes, please list in #12

## 12. TYPE OF ACM, DESCRIPTION &amp; LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	Plasters, Fireproofing, Ceiling Tile, TSI, etc.	Various	>160	SF	All	PCM or TEM
FRI	TSI	Various	>260	LF	All	PCM or TEM
NF1	Flooring, Mastic, Roofing, etc.	Various	N/A	SF	All	PCM or TEM
NF2	Transite Siding, Roofing, Pipe, etc.	Various	N/A	SF/LF	All	PCM or TEM

Code \*  
Type of ACMCode \*\*  
UnitsCode \*\*\*  
Type of abatementCode \*\*\*\*  
Final Clearance

FRI - Friable ACM

LF - Linear ft.

REM - Removal

PCM - Phase contrast microscopy

NF1 - Cat I nonfriable ACM

SF - Square ft.

CAP - Encapsulation

TEM - Transmission electron microscopy

NF2 - Cat II nonfriable ACM

CF - Cubic ft.

CLO - Enclosure

(Note: Allegheny County treats all ACM as friable)

NON - None

## 13. Is this project regulated by NESHAP

☒ Yes ☐ No

A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

## 14. OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: Jan 1, 2018 Completion Date: Dec 31, 2018  
 Daily hours of operation: Various ☐ am ☐ pm to Various ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- B. Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

COMMENTS:

## 15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

- Description will vary from project to project.
- ACM is only repaired or removed when damaged or when it will be disturbed during renovations or demolition.

## 16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Glovebag - Wet removal, negative pressure in bags, containment, HEPA vacuums, etc.

Gross Removal - Full containment, wet removal, HEPA vacuums, negative air, decontamination units, etc.

Disposal - Doubled 6 mil bags, drums, etc. Wetting, NESHAPS asbestos labels, waste manifests, etc.

## 17. WASTE TRANSPORTER(S)

- A. Transporter #1 name: Depends on project  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. Transporter #2 name: Depends on project  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 18. WASTE DISPOSAL SITE(S): (any asbestos containing material)

- A. Landfill name: Depends on project DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 19. AIR MONITORING FIRM(S)

- A. Company name/individual: Depends on project  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. Final clearance firm: (if different than 19A) \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Final clearance firm was hired by (check one) ☐ Contractor ☐ Owner  
☐ Other Explain \_\_\_\_\_

## 20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

- A. PCM company name/individual: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
- B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
 Street/Rural Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

## 21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_ ☐ am ☐ pm

Description of the sudden, unexpected event:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 22. FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: \_\_\_\_\_

Name of individual who ordered: \_\_\_\_\_ Title: \_\_\_\_\_

Date of order (mm/dd/yy): \_\_\_\_\_ Date ordered to begin (mm/dd/yy): \_\_\_\_\_

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:  
Penn State prequalified and PA licensed asbestos crews and contractors utilizing Penn State, EPA and OSHA approved work practices (See Section 16) in accordance with applicable state and federal regulations.

## 24. PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: Steven Z. Rohrbach (or asbestos contractor's licensed designer) Certification #: 036320 \_\_\_\_\_Contractor (Individual): Depends on Project Certification #: \_\_\_\_\_Supervisor: Depends on Project Certification #: \_\_\_\_\_Contractor (Firm) Depends on Project Certification #: \_\_\_\_\_

## \*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\*

## 25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

  
(Original Signature of Owner)

12 / 14 / 17

(Date)

Printed Name of Owner: Steven Z. Rohrbach Title: Asbestos Program Manager

## 26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

  
(Original Signature of Owner)

12 / 14 / 17

(Date)

Printed Name of Owner: Steven Z. Rohrbach Title: Asbestos Program Manager

FOR OFFICIAL USE ONLY

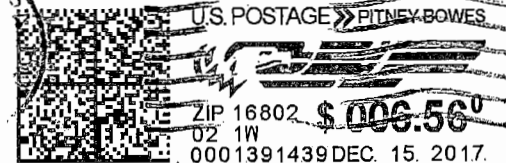
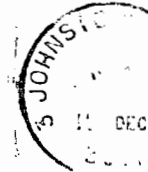
Environmental Health and Safety  
The Pennsylvania State University  
6 Eisenhower Parking Deck  
University Park, PA 16802-2116



**PennState**



7002 2030 0002 7737 9498



Asbestos NESHAP Coordinator  
US EPA Region 3  
1650 Arch St.  
Philadelphia, PA 19103

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